Public Reporting on Health Care Quality

What Stakeholders Think

The Role for Public Disclosure

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California Office of the Patient Advocate

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Institute of Clinical Systems Improvement (ICSI)

- ***Nonprofit organization***
- ***Founded 1993***
- ***56 member organizations (7,600)***
- ***Funded 6 Minnesota health plans***
- ***Facilitates quality improvement***
  - *Medical groups*
  - *Hospitals*
  - *Health plans*

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Performance Measurement Task Force

- *Sidna Scheitel, MD, MPH (Mayo Clinic)*
- *Pete Benner (AFSCME Councill 6, AFL-CIO)*
- *Richard Dinter, MD (Fairview Health Services)*
- *Charles Fazio, MD (Medica)*
- *William Gold, MD (Blue Cross & Blue Shield of Minnesota)*
- *Nancy Feldman (UCare Minnesota)*
- *John Frederick, MD (Preferred One)*
- *George Isham, MD (HealthPartners)*
- *Mark Matthias, MD (Hutchinson Medical Center)*
- *Dan McCormick (Grand Itasca Clinic & Hospital)*
- *Gordon Mosser, MD (ICSI)*
- *David Wesner (Park Nicollet Health Services)*
- *James Reinertsen, MD (The Reinertsen Group)*

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Example Measures of Performance

Desirable Attributes of Example Measures

Volume	***The health care item or issue measured occurs with high frequency; or it results in high costs; or both***
Gravity	***The underlying disease, condition, or issue has high importance for patients and families; or the health care item measured has an important effect on a disease, condition, or issue that has high importance for patients and families***
Evidence	***There is evidence that taking specific action on the item measured can under optimal circumstances have a favorable effect on a health outcome, service, or cost outcome that is valued by patients and families***

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Example Measures of Performance

Desirable Attributes of Example Measures

Gap	***A gap is known to exist between current performance and what the evidence shows can be achieved under optimal circumstances***
Prospects	***There is a reasonable likelihood that the gap can be closed or made substantially smaller in the health care systems whose performance will be reported using the measure***
Functionality	***The measure itself has been shown in use to be valid, reliable, practical, and obtainable without undue cost***

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Example Measures of Health Care Performance

IOM category	Examples of measures that might be used	Applicable to	Desirable attributes of example measures						Comments
			Volume	Gravity	Evidence	Gap	Prospects	Functionality	
Safety	• Adverse drug events/1,000 doses	HC	√	√	√	√	√	√	Tool available from IHI
	• Never-events/1,000 hospital-days	HC		√	√	√		√	Routinely colleted in Minnesota
	• Central-line associated blood stream infections/1,000 line-days	HC	√	√	√	√	√	√	
	• Wrong-site surgery/1,000,000 procedures	HC,IS	√	√	√	√	√	√	
	• Falls/1,000 pt-days	HC	√		√	√	√	√	
	• Number of new pressure ulcers/1,000 days	HC	√	√	√	√	√	√	
Effective-ness	• % of 2 yr olds whose preventive services are up-to-date	AC	√	√	√	√	√	√	HEDIS measure
	• % of diabetic pt with optimal care (controlled HbA1c, LDL & BP, not using tobacco & taking daily ASA)	AC,IS	√	√	√	√	√	√	MCMP measure
	• Rate of visits by asthma pt to ERs	AC,IS	√	√	√	√	√	√	
	• % of CABG pt alive 30 days after surgery	HC	√	√	√	√	√	√	
	• % CHF pt readmitted within 30 days	HC	√	√	√	√	√	√	CMS & JCAHO measure
	• Hospital standarized mortality ratio	HC	√	√	√	√	√	√	Comprehensive but complex

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Example Measures of Health Care Performance

IOM category	Examples of measures that might be used	Applicable to	Desirable attributes of example measures						Comments
			Volume	Gravity	Evidence	Gap	Prospects	Functionality	
Patient centered-ness	• Press-Ganey survey measures	IS	√	√	√	√	√	√	Widely used
	• NRC (Picker) survey measures	IS	√	√	√	√	√	√	Widely used
	• Hospital CAHPS survey measures	HC	√	√	√	√	√	√	Widely used
	• Ambulatory CAHPS survey measures	AC	√	√	√	√	√	√	New
	• CAHPS survey measures	IS	√	√	√	√	√	√	Melds health plan, hospital, and ambulatory
Timeli-ness	• Waiting time for 3rd next available appointment	AC	√		√	√	√	√	Widely used
	• Waiting time in clinical once arrived for appointment	AC	√		√	√	√	√	
	• Lag time between ER decision to admit and arrival in hospital bed	HC	√		√	√	√	√	
	• Lag time between abnormal mammogram and firm diagnosis	IS	√	√	√	√	√	√	
	• Lag time between onset chest pain and definitive treatment	IS	√	√	√	√	√		Difficult to measure routinely
	• Time on telephone until issue definitively addressed		√		√	√	√		May be difficult to define and measure

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Example Measures of Health Care Performance

IOM category	Examples of measures that might be used	Applicable to	Desirable attributes of example measures: Volume	Gravity	Evidence	Gap	Prospects	Functionality	Comments
Efficiency	• Costs for selected episode treatment groups	HC,IS	√	√	√	√	√	√	None of these measures is a true efficiency measure; all are measures of costs for selected items regardless of outcome
	• Average LOS for selected DRGs or other hospitalization categories	HC	√	√	√	√	√	√	
	• Costs for selected ambulatory care group/yr	AC	√	√	√	√	√	√	
	• Risk-adjusted costs/pt/mo for selected selected population	IS	√	√	√	√	√	√	
	• Pharmacy costs/pt/mo for selected population	AC	√	√	√	√	√	√	
	• Cost during first 6 wk of care for acute low back pain	AC	√	√	√	√	√	√	
Equity	• Contrasts of process and outcome measures between genders	AC,HC, IS	√	√	√	√			Equity measures in general are not well developed
	• Contrasts of process and outcome measures across different ethnic groups	AC,HC, IS	√	√	√	√	√	√	
	• Contrasts of process and outcome measures across different income groups	AC, HC, IS	√	√	√	√		√	Evidence is also often lacking on effectiveness of action under optimal circumstances and in real-world health systems
	• Contrasts of process and outcome measures among urban, suburban, and rural populations	AC,HC, IS	√	√	√	√			


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